

PRIVACY NOTICE

All social security numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

Employer's Report of Separation from Employment

First Name	MI	Last Name	Social Security Number
------------	----	-----------	------------------------

1. Last Day in Pay Status

Federal law prohibits the Public Employees' Retirement Fund (PERF) from making distributions from the Fund prior to "separation from employment." Uninterrupted service in any capacity or reemployment that is a continuation of employment will prevent PERF from making distributions to the employee from the Fund.

Last day in pay status is the last day for which this employee was entitled to receive his or her regular wages. It will typically not be the last check date. Regular wages paid may include pay for a day worked, a sick day, vacation day or another paid leave permitted under your personnel policy. The last day in pay status is needed to process this member's benefit.

The last day in pay status (MM/DD/YYYY): _____

The last check date, if known (MM/DD/YYYY): _____

Did the employer-employee relationship extend beyond the last day in pay status? ☐ Yes ☐ No

If the relationship continued, please explain: _____

2. School Employers Only

Please indicate the type of school service being reported. Be sure to check the appropriate box below indicating whether the employee should receive full credit, contract credit or credit for time worked. Members who were hired after the beginning of the school year or terminated before the end of the school year cannot earn a full year of service unless they were under a specific contract that kept them from working the entire school term.

☐ School Year Credit (full year) ☐ Contract Year Credit (full year) ☐ Service Credit for Time Worked (partial year)

3. Authorization to be Signed by Authorized Agent

I certify that the above information is true and accurate to the best of my knowledge and that I am the individual formally authorized to accept any pension liability for and on behalf of the governing body of this employer. I understand that any error in this certification of service can only be corrected prior to the processing of the member's benefit application.

Signature of Authorized Agent	Printed Name of Authorized Agent
Title of Authorized Agent	Date
Name of Employer	Employer Account Number

Upon completion, please send this report to PERF: 143 West Market Street, Indianapolis, IN 46204.
You may also fax this page: 317-234-1226. If you fax this page, PERF does not need the hard copy.